

MO FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2960**

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **5 yrs.**
years, months or days)

3. (a) PRINT **Ora Clarence Carder**
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or w **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lola** 6. (c) Age of husband or wife if alive **1890** years
7. Birth date of deceased **July 15**
(Month) (Day) (Year)

8. AGE: Years **50** Months **6** Days **7** If less than one day
hr. _____ min.

9. Birthplace **Pierce City** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER, FATHER { 12. Name **George F. Carder**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Friels**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lola Carder**
(b) Address **Pierce City Mo.**

17. (a) **Burial** (b) Date thereof **1/25/41**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **James W. Walker**
(b) Address **Pierce City Mo.**

19. (a) **1-23-41** (b) Registrar's signature **James W. Walker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jasper**
(c) City or town **Joplin Pierce City**
(If outside city or town limit write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **22**
year **1941** hour **2** minute **45** M.

21. I hereby certify that I attended the deceased from **1-13-41**
_____, 19____, to **1-22**, 19____.

that I last saw him alive on **1-22**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **Cardiac De compensation**

Due to **Hypertension (essential)**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **372**

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **Paul W. Walker** (M. D. **MD**)
Address **Joplin Mo.** Date signed **1-23-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-2-153

1899

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed

Victor O. Hemmer

Licensed Embalmer No. *3822*

P. O. Address *Perse City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.